



State of Arizona
Board of Homeopathic Medical Examiners

1400 W. Washington, Room 230 Phoenix, AZ 85007

Telephone (602) 542-3095 Fax (602) 542-3093

MEDICAL ASSISTANT APPLICATION FORM II

(Registration for medical assistants who have completed on-the-job or practical education programs)

Submit one form for each Medical Assistant within two weeks of employment and \$150 for registration of Supervisory Physician

A. Medical Assistant Information

(Refer to R4-38-301(G) for more information and R4-38-304 for standard educational guidelines.)

1. **Medical Assistant's Name:** _____

Home Address _____

Home Phone Number _____

Home FAX Number _____

Required Confidential Information: SSN _____

2. **Clinic Address(es) where procedure will be performed:**

Clinic Phone Number _____

Clinic FAX Number _____

If more than one location please attach on a separate sheet

3. **Attach a complete curriculum vitae of the Medical Assistant.**

B. On-The Job Training/Practical Educational Programs for Medical Assistant Qualifications
(check the area of on-the-job training qualifications)

_____ **General Medical Office Procedures**
(provide documentation of 400 hours of didactic instruction and clinical supervision)

_____ **Acupuncture and Pain Management**
(provide documentation for completion of academic portion of a course of study offered by a member institution of the National Association of Colleges of Acupuncture and Oriental Medicine or for a course of study offered by a member institution of a World Health Organization designated training facility for Acupuncture or completion of an academic portion of study offered by an equivalent approved by the Board plus 500 hours of clinical supervision by a qualified physician)

_____ **Acupuncture for Drug Detoxification**
(provide documentation for completion of 70 hours of diagnostic; 70 hours of supervised apprenticeship; completion of course in acupuncture drug detoxification conducted by the National Acupuncture Detoxification Association (NADA and approved by the Board; and 160 hours of clinical supervision by a qualified supervising physician)

_____ **Homeopathic Repertorization Procedures**
(provide documentation of 180 hours of homeotherapeutics including 40 hours of didactic instruction and 40 hours of clinical supervision)

_____ **Nutritional Counseling Procedures**

(provide documentation of 500 hours in clinical nutrition)

_____ ***Electro-Diagnostic Procedures***

(provide documentation of 35 hours in didactic course study of electro-diagnostic methodology; and 160 hours of clinical supervision by a qualified supervising physician)

_____ ***Physical Medical Treatment Modalities***

(provide documentation of completion of course in technical massage with 50 hours of study and certification by any Arizona jurisdiction or 50 hours on-the-job training in a specified physical medicine modality including didactic instruction and clinical supervision)

Documentation of any previous on-the-job or formal training:

C. Proposed job description:

Job descriptions or functions other than generally recognized homeopathic office procedures specified in R4-38-304(D)(1 through 6) will be subject to individual review and approval by the full Board.

B. Supervising Physician Information

1. Physician's name: _____
2. List your educational qualifications and practice experience:

******* NOTE: Upon Board approval of this application, the Medical Assistant shall perform his or her duties while wearing a clearly labeled name tag stating the designation, "Medical Assistant" and the specific modality or class of expertise.*******